30 APR 2015 Waterfront Meeting

	Speaker	Topic	Time
Lecture Pretests			10
COMNAVSUFPAC	HMCM Davis/CAPT Laverty	Opening Remarks	10
MRD-SD	CDR Huang	Opening Remarks	10
NMCSD Anesthesiology	Dr. Hauff	Airway Management	45
		Airway Management Lab	45
Fleet Dental	CAPT Roncone	Dental Updates	5
NEPMU-5	LT Brown	Lab Services Updates	5
COMLSCRON	HM1 Cahill	Enlisted Advancement Review	5
32nd Street BMC	CDR Navarette	Women's Health Updates	5
Fleet Mental Health	CDR King-Hollis	FMH Updates	5
MRD-SD	LT Lagrew	Updates	5
Lecture Posttests			10
		Total	160

Pre Test

Please start on the quiz as soon as you find a seat!

Put your name on the quiz and pass to the end of the row (left) when you are done

COMNAVSURFPAC

HMCM Davis
Force IDC
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Medical Readiness Division

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(619) 556-5191
Bldg 116
San Diego, CA 92136

Airway Management

Waterfront Lecture Series

Disclosures

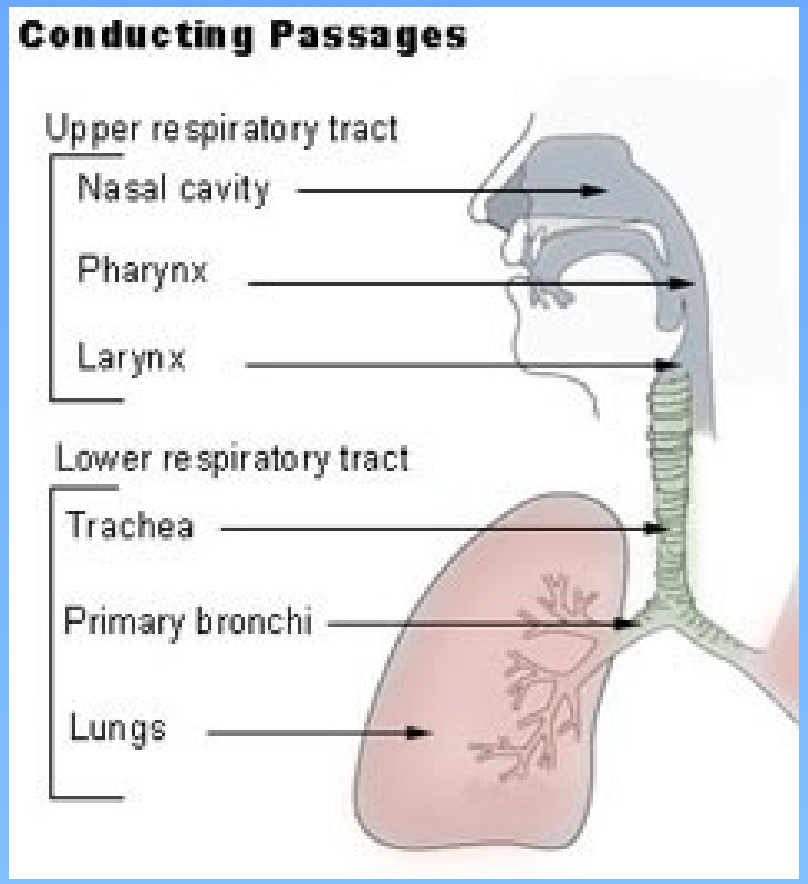
- I have no financial interests to disclose.

Objectives

- Defining a patent and protected airway
- Identification and management of airway pathology
- Basic airway management
- Advanced airway management
- Application of airway management techniques

Airway Defined

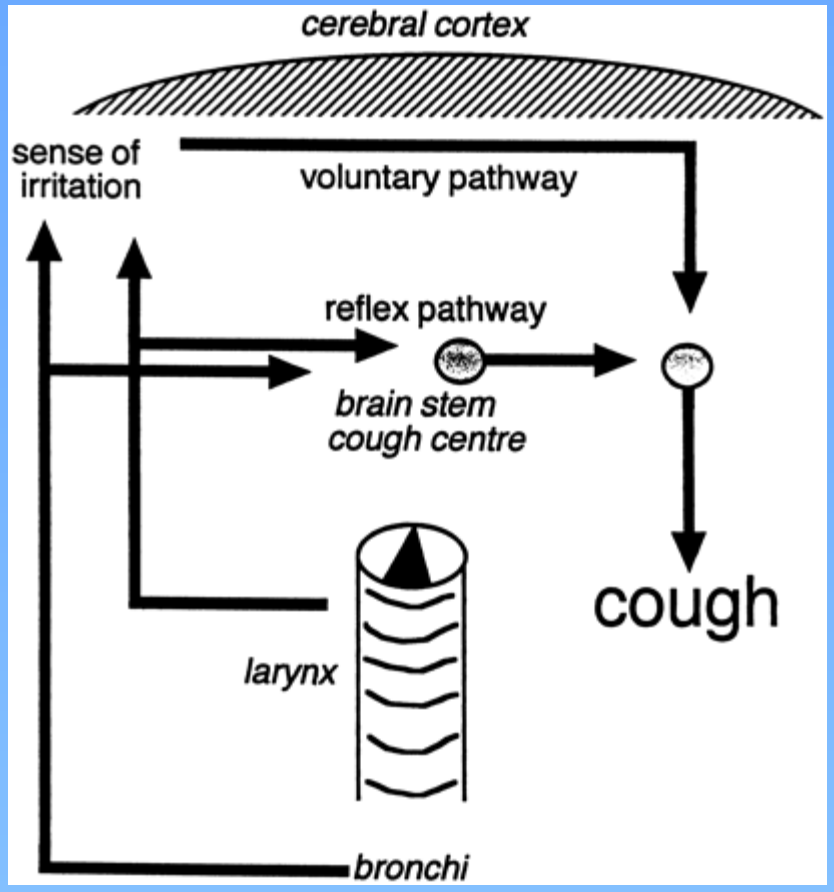
Anatomic airway

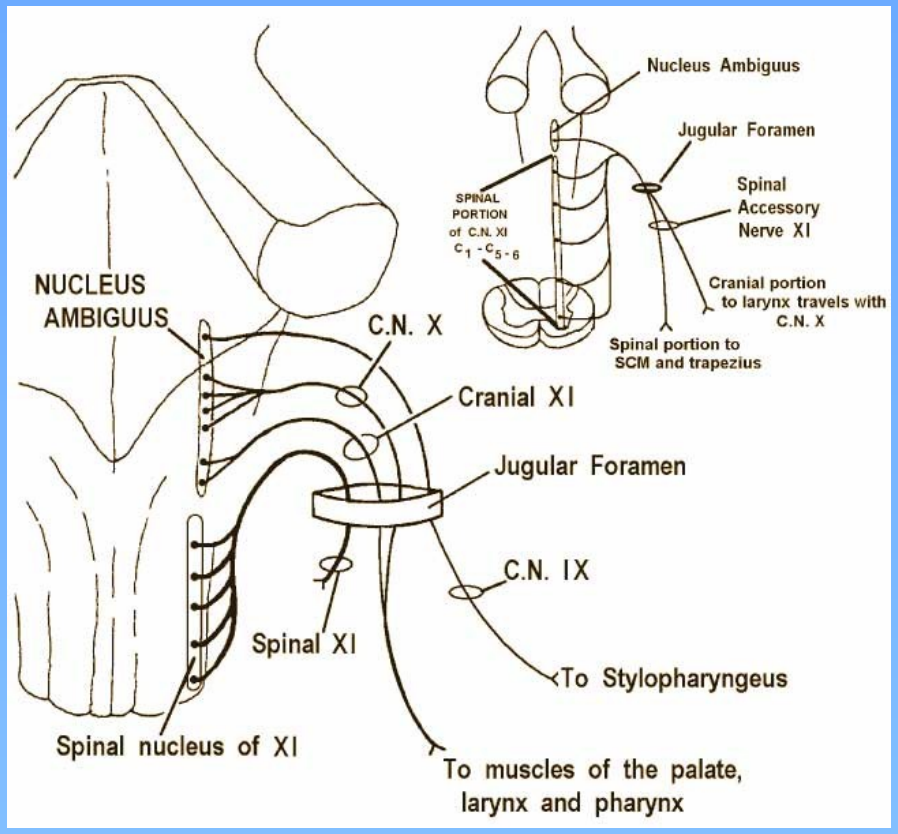


- Continuity between atmosphere and distal airways
- Lung pathology is beyond the scope of this lecture, but must be considered in your differential

Airway Defined

Airway Protection and Reflexes





Airway Defined

- Level of Consciousness
  - Glasgow Coma Scale
    - GCS of 8 or less is not an absolute indication for intubation
    - A period of observation is reasonable if GCS is expected to improve

TABLE 38-2

Glasgow Coma Scale

BEHAVIOR	RESPONSE	SCORE
Eye opening response	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Best verbal response	Oriented to time, place, and person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
Best motor response	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion (decorticate)	3
	Abnormal extension (decerebrate)	2
	No response	1
Total score:	*Best response*	15
	Comatose client	8 or less
	Totally unresponsive	3

Airway Defined

- Oxygenation and Ventilation
  - Oxygenation easily measured with SpO2
  - Adequacy of ventilation more difficult to assess
    - May have altered mental status, rapid shallow breathing
- Muscle strength
  - Respiratory failure may be secondary to weakness
    - CBRNE
    - Neurologic disorders

Airway Pathology

- Anatomic
  - Obstructive
    - Edema
    - Foreign Body
    - Vocal Cord Paralysis
    - Abscess/Infection
    - Burns
  - Trauma
    - Tracheal injury
    - Penetrating injury
- Neurologic
  - Impaired airway reflexes
  - Reduced mental status (GCS)
    - Metabolic
      - electrolytes
    - Intoxicants
      - EtOH, drugs
    - Trauma

Airway Assessment

- Ask questions- What's your name? What happened? Do you feel short of breath?
  - Quickly assess airway patency and mental status
  - If unconscious, is airway patent? Adequate chest rise? Bilateral breath sounds?
  - Quickly assess GCS
- Simultaneously obtaining vital signs including SpO2
  - Provide supplemental oxygen if necessary
  - Start IV
- Obtain history which will aid in diagnosis

Airway Assessment

Signs/Symptoms of inadequate airway

- Maxillofacial or neck trauma
- Stridor ✉ Silence
- Tachypnea
- Accessory Muscles
- Secretions
- Singe or Soot
- Voice quality, hoarseness
- Mental Status, GCS
- Gag/Cough reflex
- Vital Signs- Pulse oximetry, Capnography

Airway Pathology

- 20 y/o Female, BM3, sitting on the bench outside medical waiting for sick call due to headache. Falls off the bench with tonic clonic movements.
  - What are your first priorities?
  - Her SpO2 is 83%, how would you intervene?
  - How would you treat this patient?

Airway Management

- Apply supplemental oxygen
  - Nasal Cannula
  - Simple Facemask
  - Non-rebreather
- Open Airway
  - Suction blood/mucuous
  - Remove foreign body

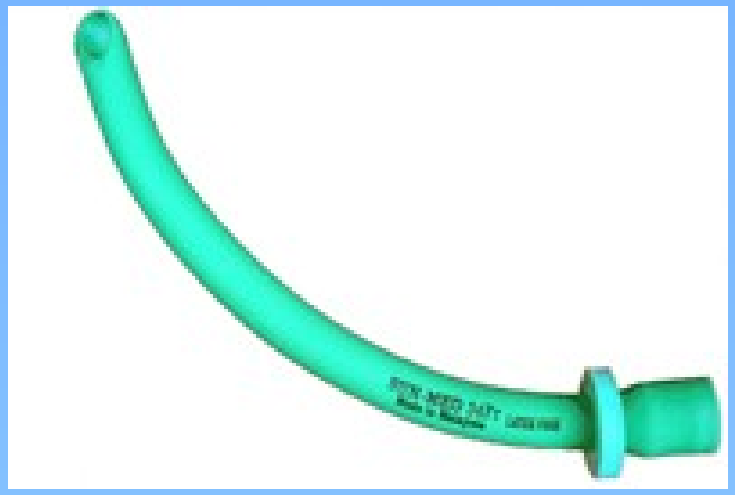
Method	O_2 flow (l/min)	Estimated FiO2 (%)
Nasel cannula	1	24
	2	28
	3	32
	4	36
	5	40
	6	44
Nasopharyngeal catheter	4	40
	5	50
	6	60
Face mask	5	40
	6-7	50
	7-8	60
Face mask with reservoir	6	60
	7	70
	8	80
	9	90
	10	95

Airway Management

- Simple airway maneuvers
  - Be suspicious of C-spine injuries – in line immobilization or C-collar
  - Head tilt chin lift
  - Jaw thrust
  - Airway Maneuvers Video

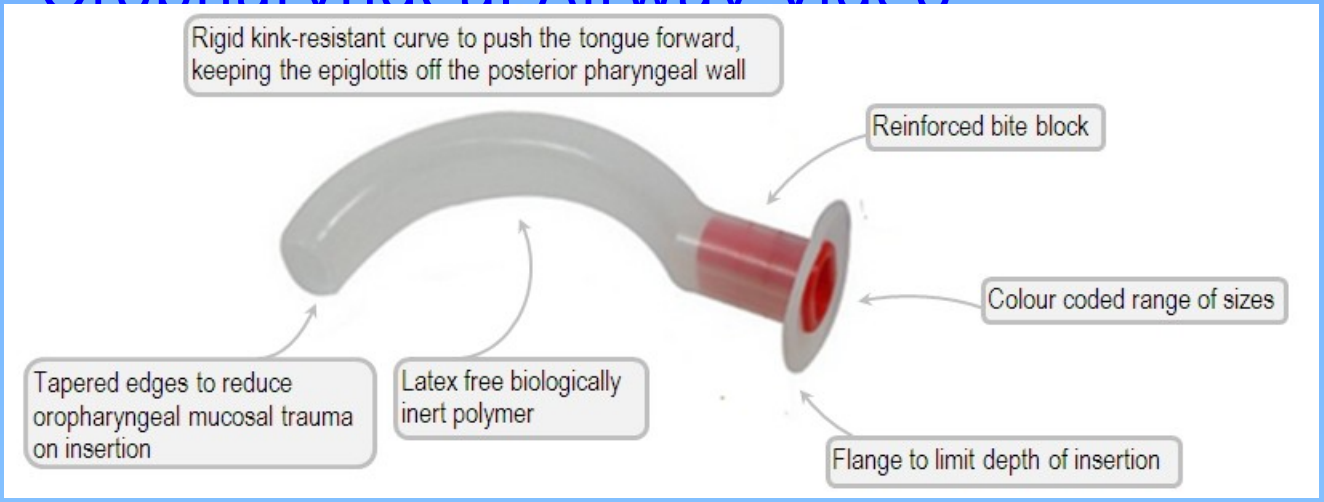
Airway Management

- Basic Airway Adjuncts
  - Nasopharyngeal Airway
    - Well tolerated in awake patient
    - Lubricate prior to insertion
    - Caution with facial fractures
    - Nasopharyngeal Airway Video



Airway Management

- Basic Airway Adjuncts
  - Oropharyngeal airway
    - Only tolerated in patients without gag reflex
    - May be indication that patient is no protecting airway
    - Oropharyngeal Airway Video


Rigid kink-resistant curve to push the tongue forward, keeping the epiglottis off the posterior pharyngeal wall
Reinforced bite block
Colour coded range of sizes
Tapered edges to reduce oropharyngeal mucosal trauma on insertion
Latex free biologically inert polymer
Flange to limit depth of insertion

Airway Pathology

- Airway Edema

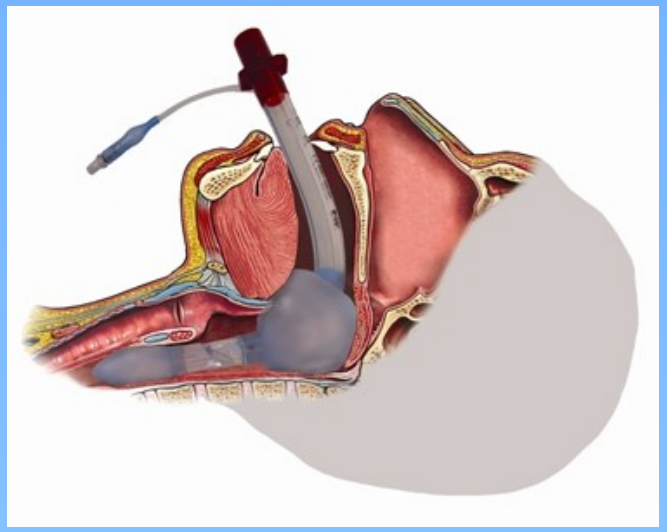
- How do you evaluate the adequacy of his airway?
- Is intubation required?
- How would you manage this patient?

Airway Management

- Bag-Valve-Mask Ventilation
  - Temporize, pre-oxygenate
  - Must squeeze bag to deliver oxygen
  - Ensure adequate seal
  - E-C Technique, avoid soft tissue compression
  - Bag-Valve-Mask Video

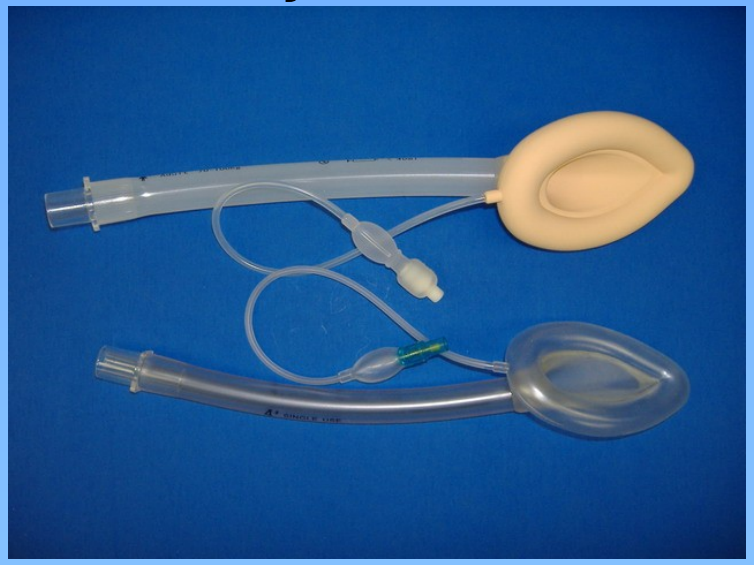
Invasive Airway

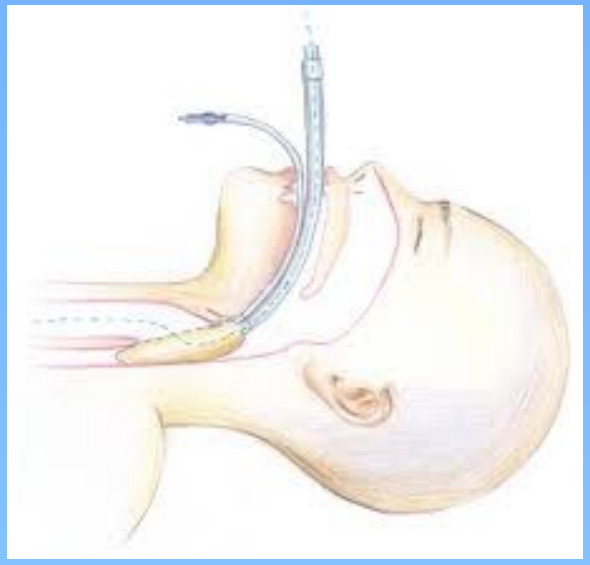
- King-LT
  - Bypasses upper airway obstruction
  - Allows positive pressure ventilation
  - Does not prevent aspiration
  - Passed blindly



Invasive Airway

- Laryngeal Mask Airway
  - Bypasses upper airway obstruction
  - Allows positive pressure ventilation
  - Does not prevent aspiration
  - Passed blindly
  - May be used as conduit for intubation



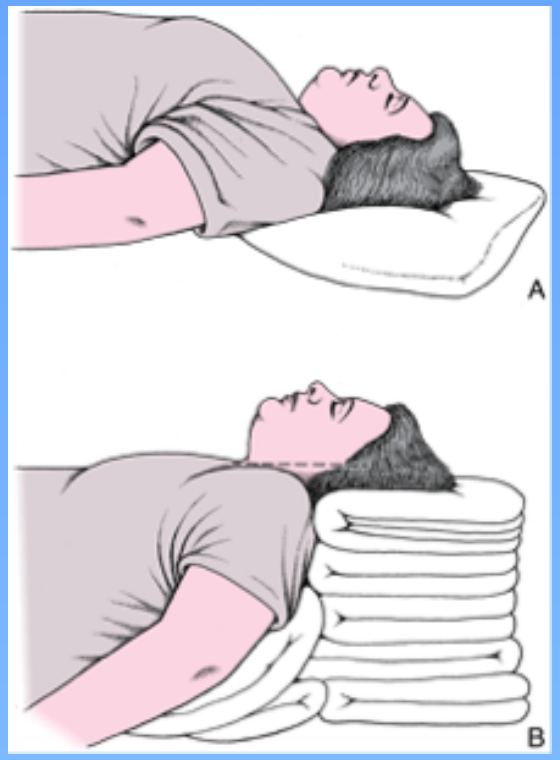


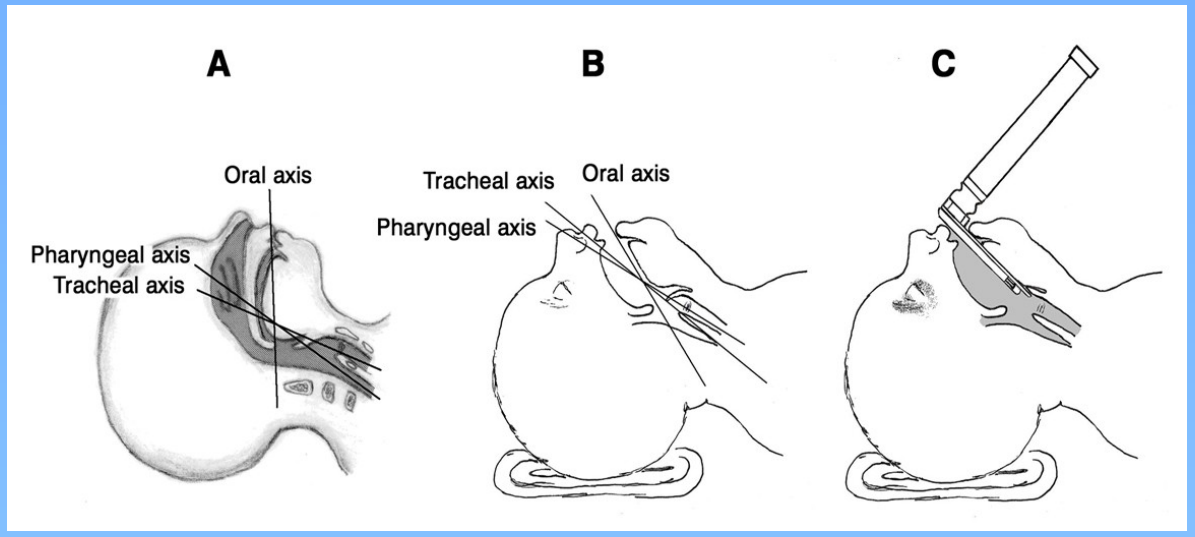
Intubation Underway

- Pros
  - Pathology may require an invasive airway as life saving treatment
- Cons
  - Unable to monitor adequacy of ventilation
  - Long term sedation difficult
  - No ventilator
  - Alters ships operations

Intubation Underway

- Patient Positioning
  - Tragus aligned with sternum
  - Sniffing position
  - Hold in line immobilization for C-spine pathology



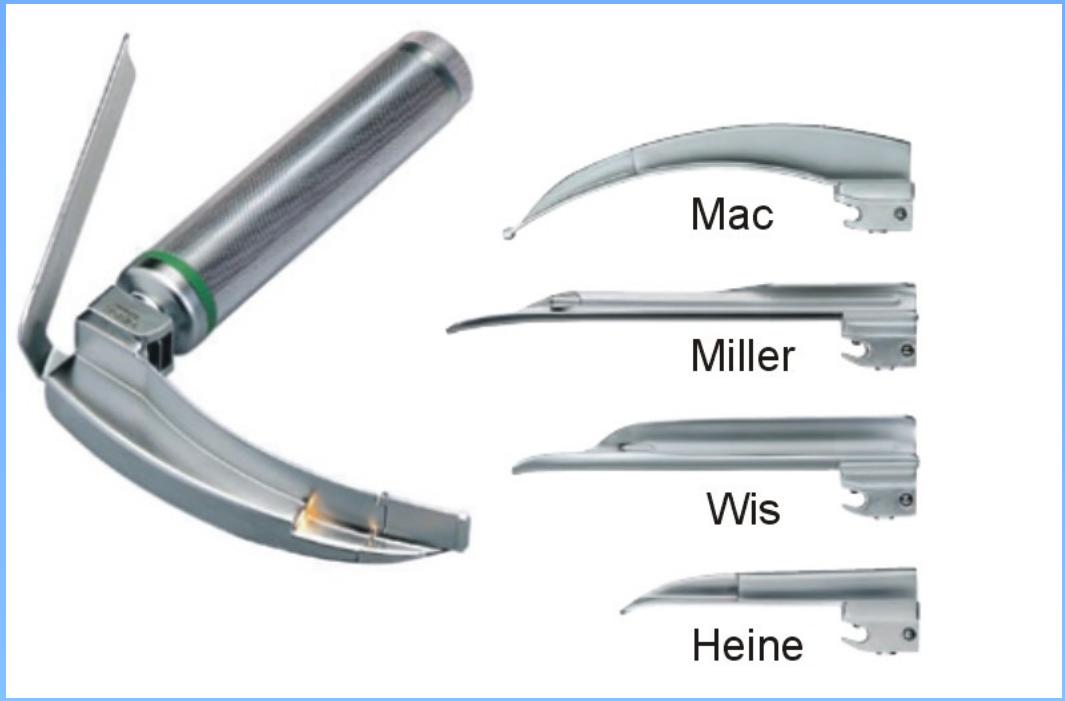


Intubation Underway

- Rapid Sequence Induction
  - Ensure functioning IV, patient on monitors
  - Suction, Ambu bag, Laryngoscope, Endotracheal Tube
  - Pre-oxygenate
  - Crycoid pressure
  - Etomidate 0.2-0.5mg/kg-15-20mg usual dose
  - Succinylcholine 1mg/kg-100mg usual dose

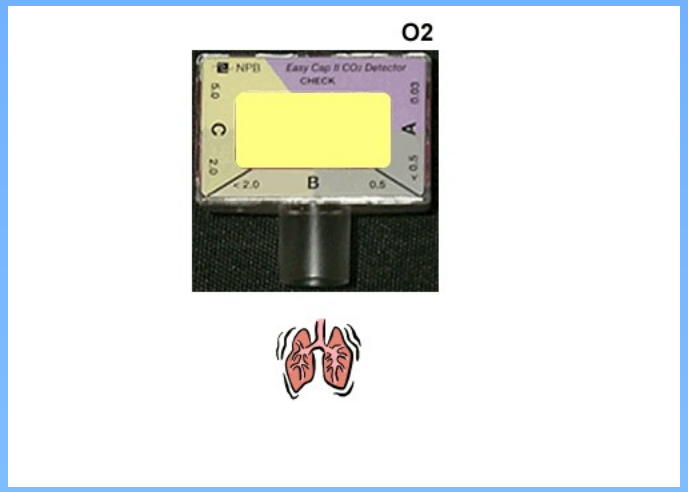
Intubation Underway

- Direct Laryngoscopy
  - First look is the best look
  - Direct Laryngoscopy Video



Intubation Underway

- Failed Intubation
  - Attempt mask ventilation
  - Consider placing LMA or King LT
  - If 1st attempt fails, change something for next attempt
    - Position
    - Blade
    - Operator
  - Surgical airway
- Confirm ETT placement
  - Breath sounds, chest rise, Easy-Cap



Intubation Underway

- Post Intubation management
  - Sedation
    - Morphine 2-5mg IV q 15 minutes
    - Sedatives if available
    - Titrate to patient's requirements
  - Ongoing ventilation
    - ABG if available
    - 5-7cc/kg tidal volumes
    - 10-12 breaths per minute
  - Treat underlying cause

Post Test – Question 1

1. A jaw thrust is a basic airway management technique which aids in ventilation by doing which of the following.

A. Displacing the tongue to prevent airway obstruction

B. Providing a painful stimulus that will arouse the patient

C. Displacing the mandible forward to reduce obstruction in the pharynx

D. Both A and B

E. Both B and C

Post Test – Question 1

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Post Test – Question 2

2. A rapid sequence induction with crycoid pressure is performed during an emergent intubation to reduce the risk of what?

A. Desaturation

B. Hypotension

C. Awareness

D. Aspiration

E. Tachycardia

Post Test – Question 2

2. A rapid sequence induction with crycoid pressure is performed during an emergent intubation to reduce the risk of what?

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B. Hypotension

C. Awareness

D. Aspiration

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Post Test – Question 3

3. A sailor is brought to the main BDS after suffering facial trauma from a wrench that fell approximately 10 feet. His initial vital signs are HR 132, BP 145/76, RR 22, SpO2 100% on room air. His GCS is 14 with disorientation but he is conversant. He has an obvious nasal deformity, and is coughing and spitting up blood. What is your next best step in management?

A. Rapid sequence induction for airway protection

B. Apply pressure to nose, and consider packing to reduce bleeding

C. Lay the patient flat on his back to complete a comprehensive physical exam

D. Observe the patient, no further management is necessary

E. Send a CBC to evaluate for anemia

Post Test – Question 3

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Post Test – Question 4

4. Following rapid sequence induction, intubation and confirmation of endotracheal tube (ETT) placement with Easy-Cap and bilateral breath sounds, you ask your corpsman to begin ventilating the patient with an ambu bag. Several minutes later the patient begins to desaturate despite your corpsman's ongoing ventilation. What is your next step in management?

A. Confirm ETT placement with bilateral breath sounds, chest rise, and Easy Cap

B. Advance the ETT 2-3 cm

C. Withdraw the ETT and begin bag-valve-mask ventilation

D. Give another dose of 100mg of succinylcholine

E. Switch the pulse oximeter to another finger and wait to see if the oxygen saturation improves

Post Test – Question 4

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Questions?

Credits

Originator: LT Niels Hauff

Editor: LT Niels Hauff

Fleet Dental

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Fleet Liaison Officer
Branch Dental Clinic NAVSTA
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Michael.roncone@med.navy.mil

Laboratory Services Department

- LT Cheryl Andreoli, PhD (DIVO)
- LT Mari Brown, MPH, MS (Microbiologist)
- HMC Nuevo Lozano (LCPO)
- HM1 Heidi Jones (LPO)

What does the lab do?

1. Provide consultative services
2. Provide rapid, effective laboratory services in response to infectious diseases, bioterrorism, and other public health emergencies
3. Provide training

What we do…

Consultative services working closely with clinicians and public health for direct diagnostic and pathogen investigative capabilities

- Disease outbreak investigations
- Disease surveillance
- Environmental assessment (ie. mold identification, water contamination)

What we do…

Bacterial culture

- Respiratory
- Gastrointestinal
- Coliforms (ie. water contamination)
- Food microbiology
- Environmental (ie. CHT residue)
- Zoonotic/vector
- Biological Select Agent (ie. Anthrax)

What we do…

Molecular methods (PCR)

- Respiratory pathogens (ie. Influenza, Mycoplasma pneumoniae)
- Gastrointestinal pathogens (ie. Norovirus, giardia, salmonella)
- Biological Select Agents (ie. Anthrax, smallpox)

What we do…

Parasite identification

- Blood (ie. Malaria, Babesia, Trypanosoma spp.)
- Tissue (ie. Leishmania)
- Gastroitestinal (ie. Giardia, Cryptosporidium, Entamoeba histolytica)

Courses we teach…

- Identification of Malaria (CANTRAC B-322-2210)
- Laboratory skills refresher
  - Microbiology
  - Parasitology
  - Specimen collection (Outbreak investigations)
  - Biothreat agent identification
  - Division 6.2 Materials Packaging and Shipping

Contact information

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Quarterdeck / OOD

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NEPMU FIVE Website

http://www.med.navy.mil/sites/nepmu5

FALL 2015
ENLISTED ADVANCEMENT REVIEW COURSE (EARC)

HM1 JASON W. CAHILL

WHAT IS EARC

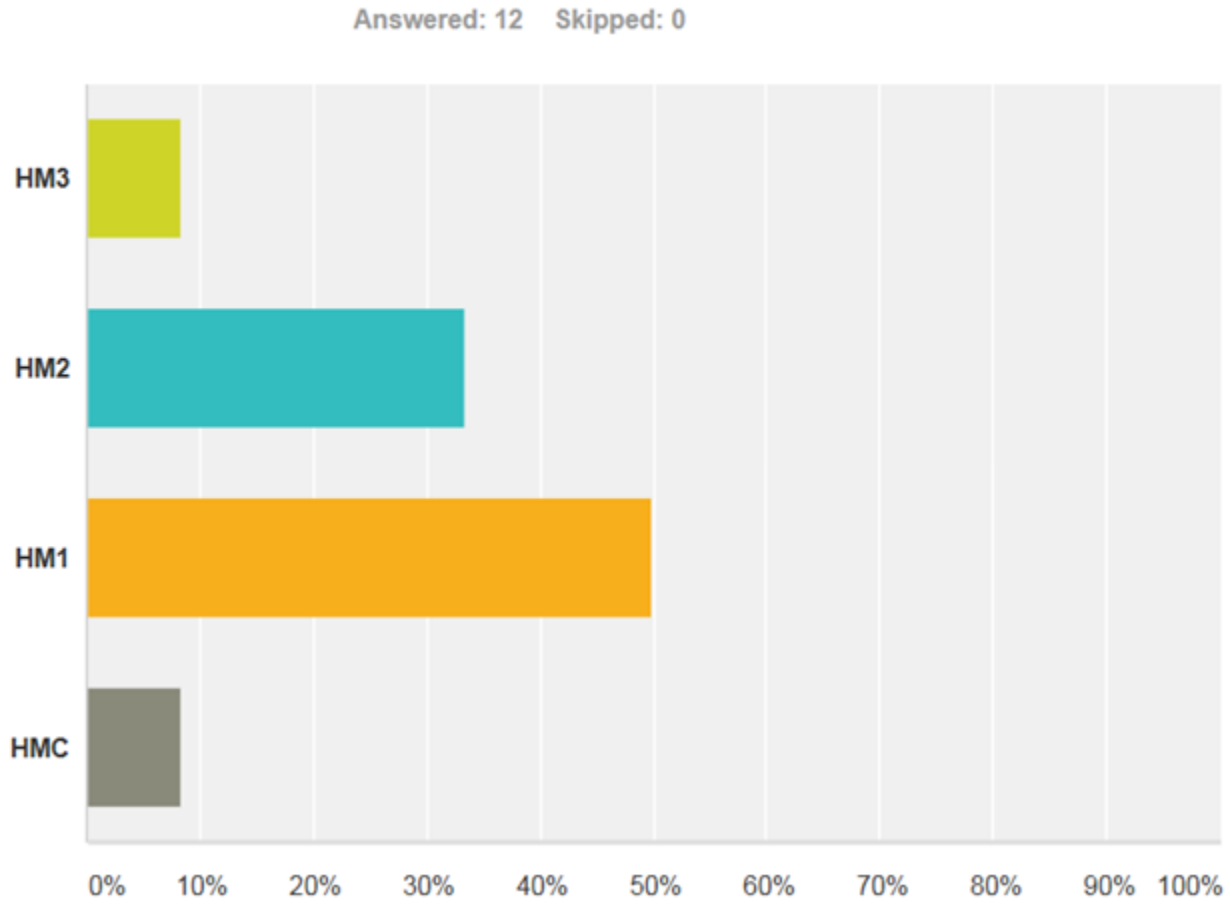
- The Enlisted Advancement Review Course (EARC) was developed to assist and prepare Corpsmen taking the HM3-HM1 advancement examination
- Utilizes current bibliography to prepare each course
- Facilitators utilize subject matter experts for each topic from the bibliography
- Experience with topics and knowledge from past examinations are passed
- This is a “review” course not an introduction

PAST PERFORMANCE

- **In Fall 2014, 16 attended EARC.**
  - **40% of those who attended the EARC advanced**
  - **Average E4-E6 advancement rate for the NAVY is 27% (Spring 2014)**
  - **Average HM3-HM1 rate is 11% (Spring 2014)**

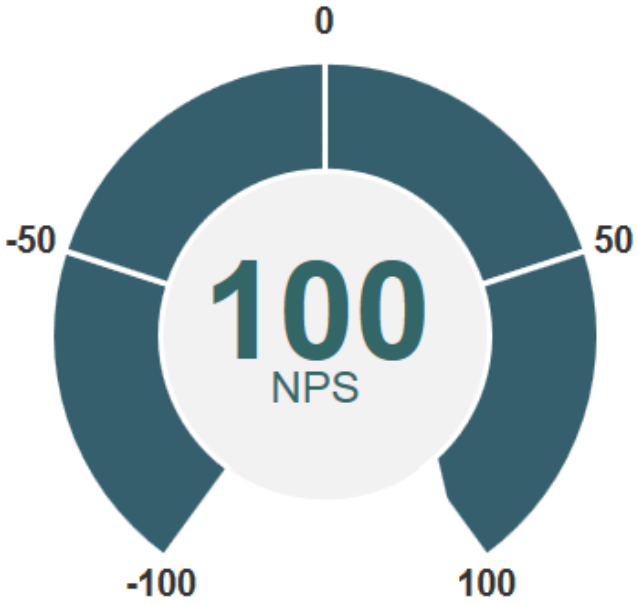
- **In Spring 2015, 17 attended the EARC.**

PREPARING FOR WHICH EXAMINATION



RECOMMENDATION

Answered: 12 Skipped: 0



Detractors (0-6)	Passives (7-8)	Promoters (9-10)	Net Promoter ® Score
0 0	**0** 0	**100%** 12	**100**

LOCATION

Answered: 12 Skipped: 0

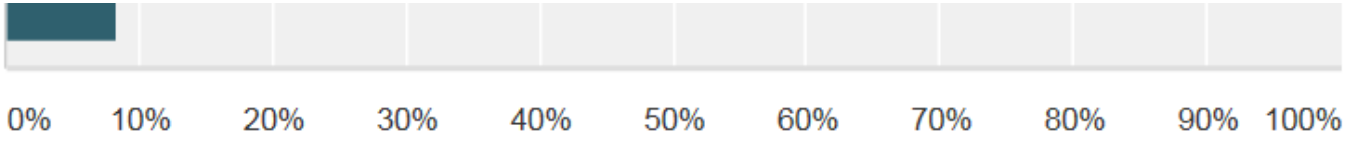
Showing **4** responses

There's no really good parking on the base. This works.
2/24/2015 4:19 PM View respondent's answers

Best location on base
2/10/2015 9:26 AM View respondent's answers

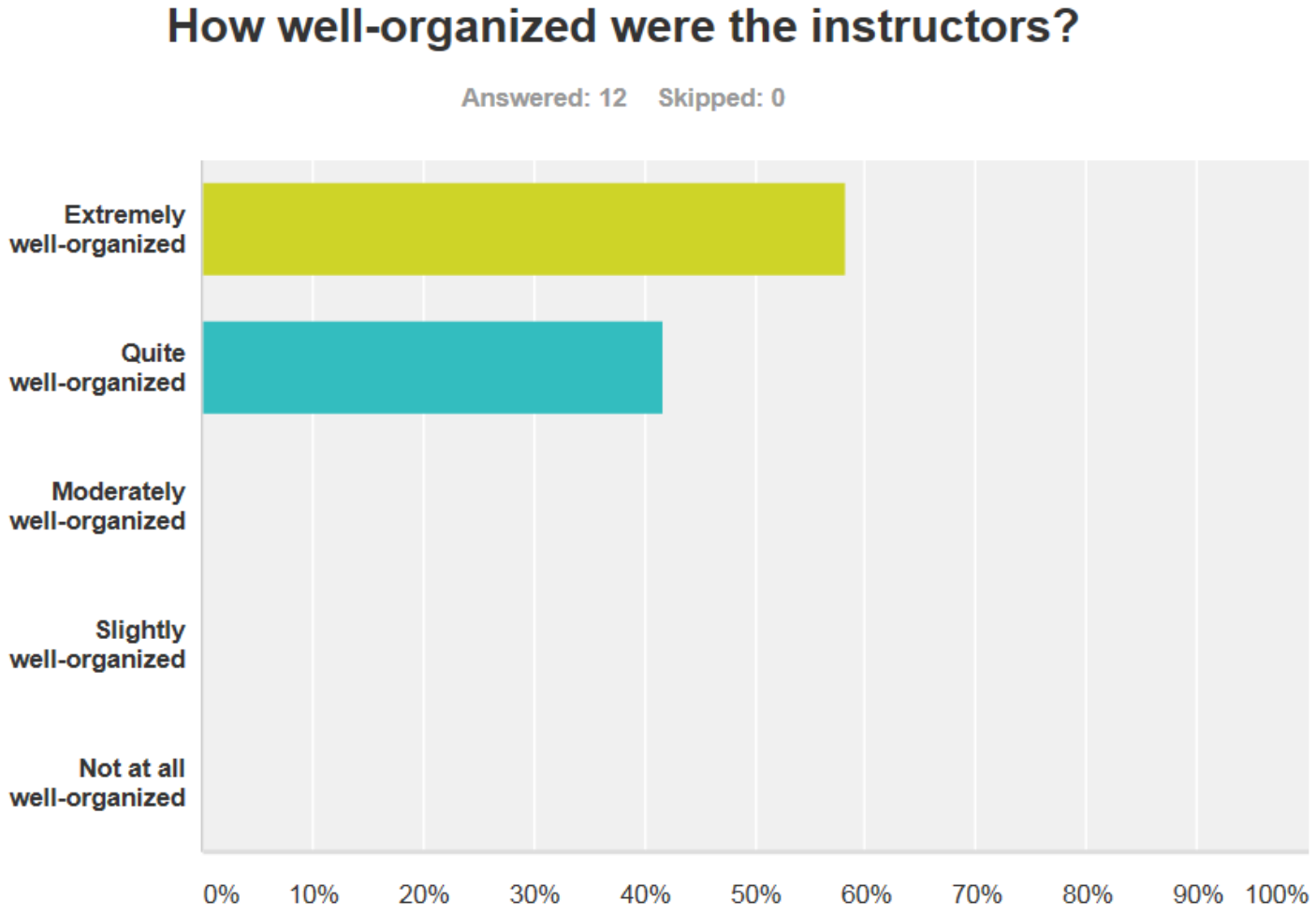
Some where with better parking
2/6/2015 10:39 AM View respondent's answers

Site is perfect. If it were on a ship it would make parking even harder than it is now. If it were on dry side it would be even harder still.
2/5/2015 1:45 PM View respondent's answers



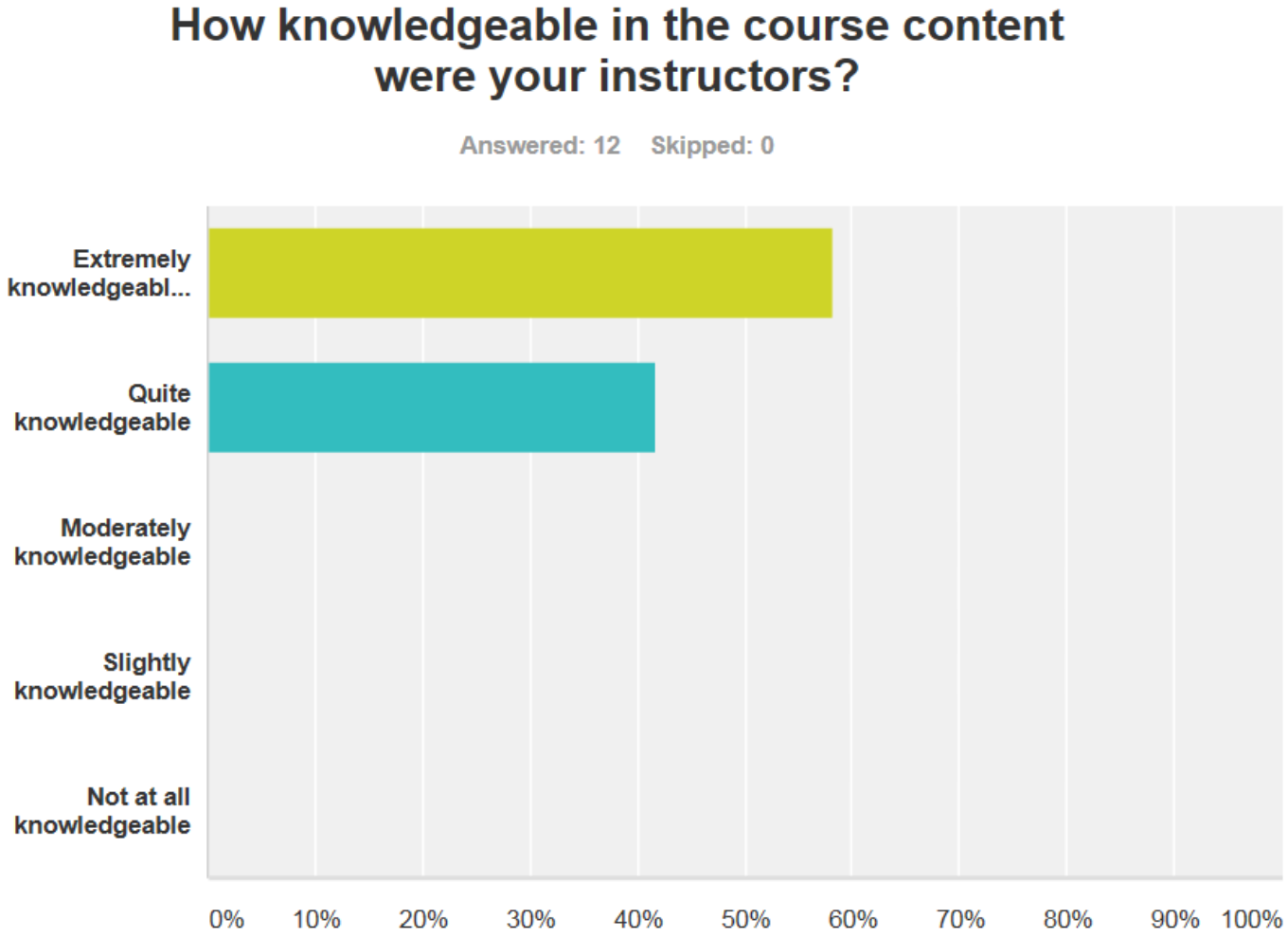
FOUO / Pre-Decisional
Working Papers

ORGANIZATION



FOUO / Pre-Decisional
Working Papers

INSTRUCTOR KNOWLODGE

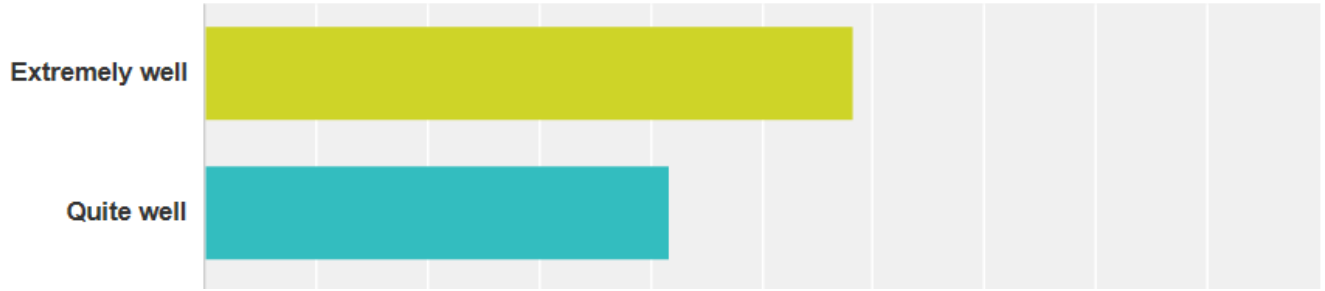


FOUO / Pre-Decisional
Working Papers

TOPIC RELATIONSHIP

How well did your instructor relate course topics to each other?

Answered: 12 Skipped: 0



Showing **1** response

Instructors did a great job in presenting the course topics and were highly knowledgeable. If they didn't know an answer they looked it up and got back to us promptly.

2/9/2015 1:35 PM View respondent's answers

FOUO / Pre-Decisional
Working Papers

NEXT COURSE

- **Date:** 3rd – 5th August 2015
- **Time:** 0800 – 1600
- **Location:** Blue and Gold Conference Room (here)
- **POCs:**
  - **HM1 Cahill, Jason (COMLCSRON ONE):**
    - **jason.w.cahill@navy.mil**
    - **(619) 556-7311**
  - **HM2 Medina, Kristy (COMLCSRON ONE)**
    - **kristy.medina@navy.mil**
    - **(619) 556-7311**

WHAT ATTENDEES NEED

- **Uniform of the Day (unless on leave)**
  - Navy Working Uniform (NWUs)
- **Hospital Corpsman (HM) Manual**
  - NAVEDTRA 14295B
- **Study Material**
  - Bibliography
  - Instructions from bibliography
  - Pen/pencil and notebook

QUESTIONS?

Fleet Women's Health

CDR Navarette, FNP-BC, NC, USN
Naval Branch Health Clinic, NBSD
2450 Craven St., Bldg 3300
San Diego, CA 92136
619-556-8108/2801

Fleet Mental Health

CDR S. King Hollis, PMHNP
Mental Health Fleet Liaison
NAVSTA Fleet Mental Health
NMCSD
619-556-8090

Medical Readiness Division

MRD_SD_GMO@navy.mil
(619) 556-5191
Bldg 116
San Diego, CA 92136

Old Business

- LARC Clinic
  - Must have attended the Oct IUD/nexplanon training
  - Must attend 2 days for certification of both
  - Email Dr. Marengo to reserve a clinic day antoinette.marengo@med.navy.mil
  - Open dates (1300 at Balboa OB/GYN clinic)
    - May 13, 20, 27

Old Business

Primary Care Symposium

Friday May 8, 2015

Naval Medical Center San Diego

"Building the Foundation of Medical Care for the Fleet and Families"

Welcome from the director:

On behalf of the Department of Medicine, I would like to welcome you to the Sixth Annual Primary Care Symposium at the Naval Medical Center San Diego! We have been working hard to arrange a stimulating and pertinent series of lectures directed toward busy primary care providers. We hope the discussions today will answer difficult clinical questions and assist in daily care of your patients.

Your feedback at the end of the meeting is very important to us. Please complete your evaluations and let us know where we can make improvements for next year.

LCDR Mark P. Tschanz MC, USN
Course Director

Program Learning Objective:

Provide current evidence based review on fundamental primary care topics to aide in providing outstanding care to the fleet and families.

Topics

CAPT (ret) John Kelso: A practical guide to adult immunizations: Who needs what, when and why?

LCDR Grant Kidd: Headache in Primary Care

CAPT Thomas Robinson: Clinical Indications for the Use of Hyperbaric Oxygen

CDR Ryan Maves: Methicillin-resistant Staphylococcus aureus and soft tissue infections

CDR Dylan Wessman: Exercise for Heart Health: How Much is Enough?

LCDR Leah Spring: Operational Dermatology

Stump the Specialist: Primary Care Approach to Common Sub-specialty Questions

And — don't miss the expo!

Target Audience: All Primary Care Providers - to include physicians, physician's assistants (PA), nurse practitioners (NP), independent duty corpsmen (IDC)

Program Sponsor: Department of Medicine

Location: Naval Medical Center San Diego Auditorium; Bldg 5, 1st deck.

Date: Friday, 8 May 2015; 0700-1530

Fees: None

Required: Government ID for access to base

Attire: Military - Uniform of the day; Civilian - Business attire.

Parking at NMCSD Hospital Facility: Participants are encouraged to **Arrive Early** for parking.

CME: Pending approval 7 hours CME

Registration: http://www.med.navy.mil/sites/nmcsd/Pages/Staff/Primary-Care-Symposium.aspx

Can also register by emailing course director (mark.tschanz@med.navy.mil)

http://www.med.navy.mil/sites/nmcsd/Pages/Staff/Primary-Care-Symposium.a

Active Duty Clinic-Gen Surgery

- Director, MRD CDR Hoang has volunteered to see common general surgery pathology on Fridays at Dept of Surgery, NMCSD to fast track fleet referrals, including:
  - Soft tissue (lipoma, epidermal inclusion cyst, pilonidal cyst);
  - Anal disease (hemorrhoid, anal/rectal abscess);
  - Screening colonoscopy
  - Symptomatic cholelithiasis
  - Hernia (ventral, incisional, inguinal, umbilical)

  - Gen surg matrix referral rules still apply.

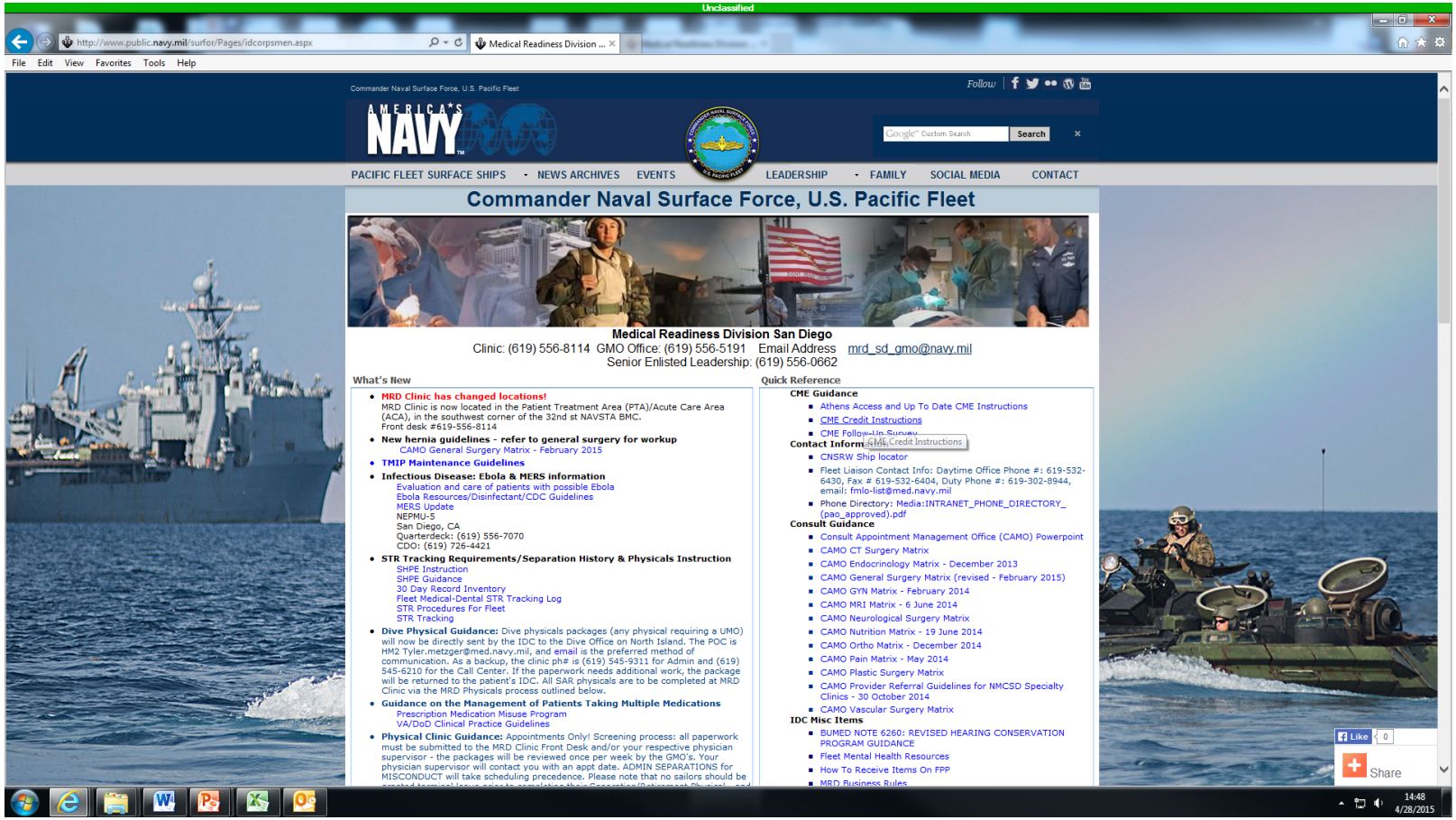
- Conditions requiring long term follow up will not be included in active duty clinic, unless discussed with MRD Physician Supervisors.

- Include “forward to Dr. Hoang” in body of the referral.

Upcoming Meetings

- May 27th @1000-1200
  - Ultrasound (GMOs)
  - Dental (IDCs)
- June 30th @ 1000-1200
  - Acute Drug Reactions/Allergies
  - Drug Overdose/Antecdotes + NG Tubes/Gastric Lavage
  - SAFE testing (alternate date)
- July 29th @ 1000-1200
  - Trauma
  - Psych Emergencies
- August 27th @1000-1200
  - X-ray interpretation (GMOs)
  - Pelvic/speculum exam (IDCs)
- September 30th @1000-1200
  - Ortho emergencies + Splint/Cast basics
  - Prev Med
- October 28th @1000-1200
  - EKG Interpretation
  - Optho Emergencies
  - ACR

CME – how to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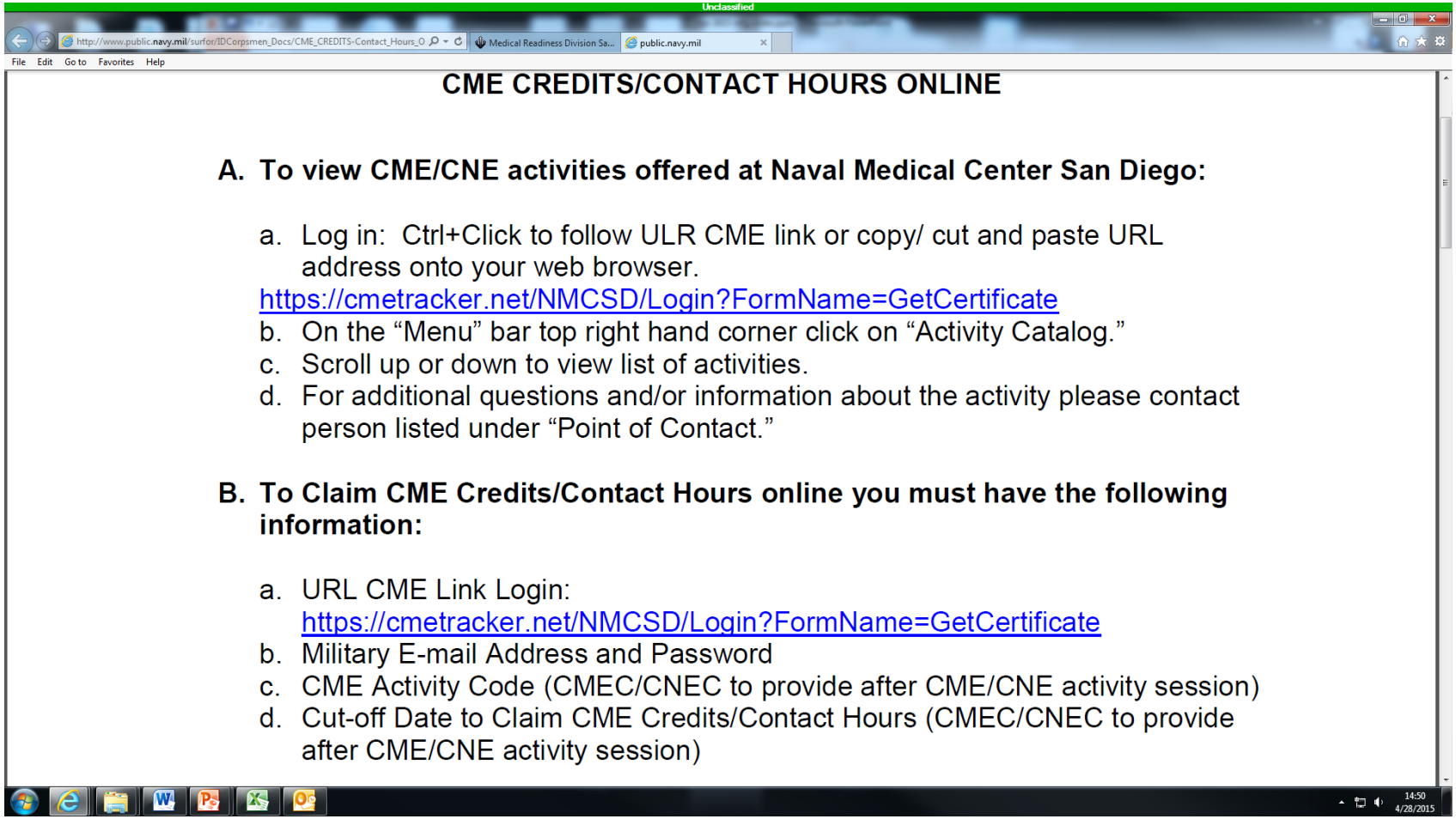
Commander Naval Surface Force, U.S. Pacific Fleet
AMERICA'S NAVY
PACIFIC FLEET SURFACE SHIPS
NEWS ARCHIVES
EVENTS
LEADERSHIP
FAMILY
SOCIAL MEDIA
CONTACT
Commander Naval Surface Force, U.S. Pacific Fleet
Medical Readiness Division San Diego
Clinic: (619) 556-8114 GMO Office: (619) 556-5191 Email Address mrd_sd_gmo@navy.mil
Senior Enlisted Leadership: (619) 556-0662
What's New
MRD Clinic has changed locations!
New hernia guidelines - refer to general surgery for workup
TMIP Maintenance Guidelines
Infectious Disease: Ebola & MERS information
STR Tracking Requirements/Separation History & Physicals Instruction
Dive Physical Guidance:
Guidance on the Management of Patients Taking Multiple Medications
Physical Clinic Guidance:
Quick Reference
CME Guidance
Athens Access and Up To Date CME Instructions
CME Credit Instructions
Consult Guidance
IDC Misc Items
Like
Share

CME – how to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http://www.public.navy.mil/surfor/IDCorpsmen_Docs/CME_CREDITS-Contact_Hours_O
Medical Readiness Division Sa...
public.navy.mil
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CME CREDITS/CONTACT HOURS ONLINE
A. To view CME/CNE activities offered at Naval Medical Center San Diego:
a. Log in: Ctrl+Click to follow ULR CME link or copy/ cut and paste URL address onto your web browser.
https://cmetracker.net/NMCSD/Login?FormName=GetCertificate
b. On the "Menu" bar top right hand corner click on "Activity Catalog."
c. Scroll up or down to view list of activities.
d. For additional questions and/or information about the activity please contact person listed under "Point of Contact."
B. To Claim CME Credits/Contact Hours online you must have the following information:
a. URL CME Link Login:
https://cmetracker.net/NMCSD/Login?FormName=GetCertificate
b. Military E-mail Address and Password
c. CME Activity Code (CMEC/CNEC to provide after CME/CNE activity session)
d. Cut-off Date to Claim CME Credits/Contact Hours (CMEC/CNEC to provide after CME/CNE activity session)
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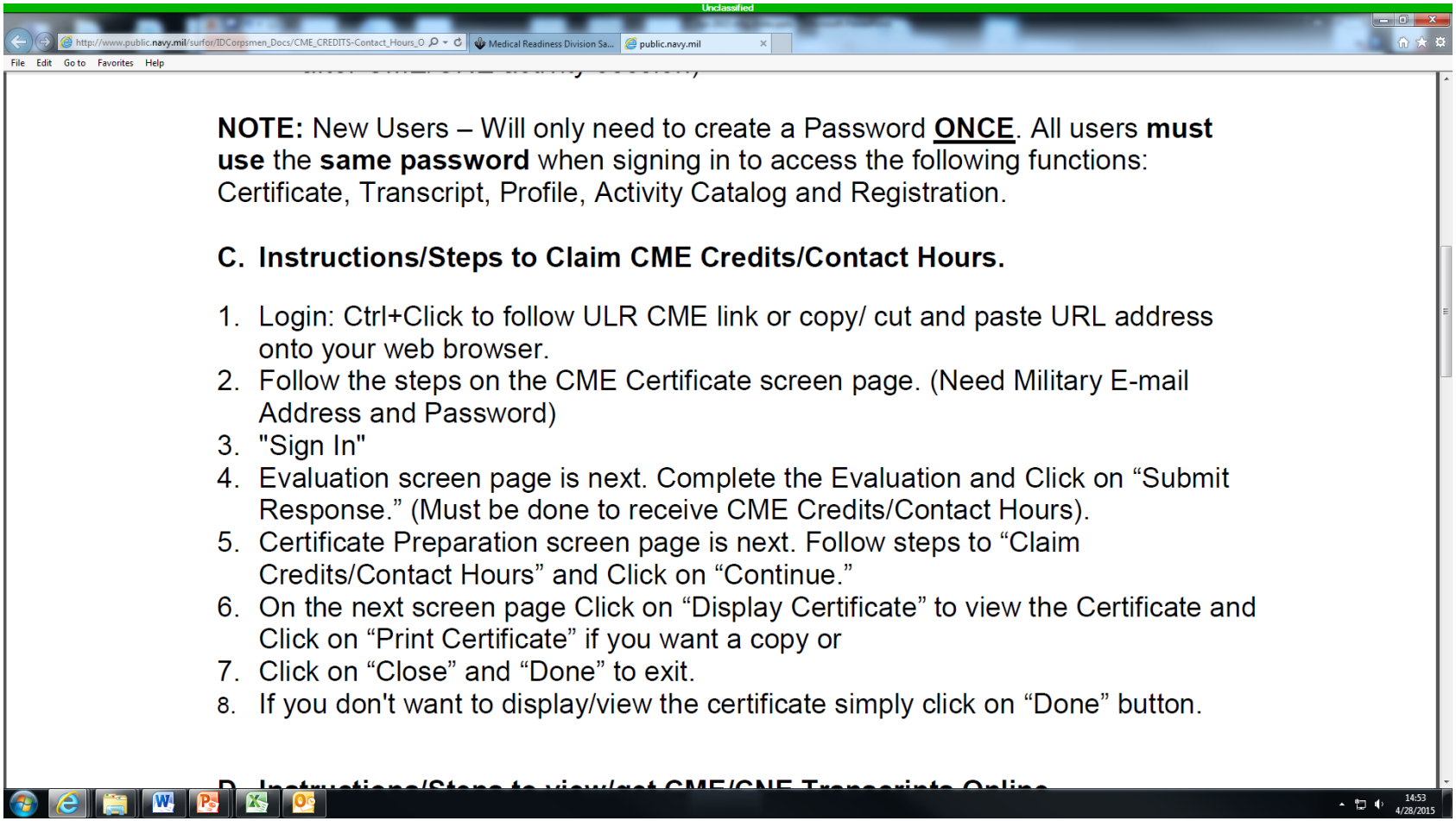
4/28/2015

CME – how to



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http://www.public.navy.mil/surfor/IDCorpsmen_Docs/CME_CREDITS-Contact_Hours_O

Medical Readiness Division Sa... public.navy.mil

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NOTE: New Users – Will only need to create a Password **ONCE**. All users **must use** the **same password** when signing in to access the following functions: Certificate, Transcript, Profile, Activity Catalog and Registration.

C. Instructions/Steps to Claim CME Credits/Contact Hours.

1. Login: Ctrl+Click to follow ULR CME link or copy/ cut and paste URL address onto your web browser.
2. Follow the steps on the CME Certificate screen page. (Need Military E-mail Address and Password)
3. "Sign In"
4. Evaluation screen page is next. Complete the Evaluation and Click on “Submit Response.” (Must be done to receive CME Credits/Contact Hours).
5. Certificate Preparation screen page is next. Follow steps to “Claim Credits/Contact Hours” and Click on “Continue.”
6. On the next screen page Click on “Display Certificate” to view the Certificate and Click on “Print Certificate” if you want a copy or
7. Click on “Close” and “Done” to exit.
8. If you don't want to display/view the certificate simply click on “Done” button.

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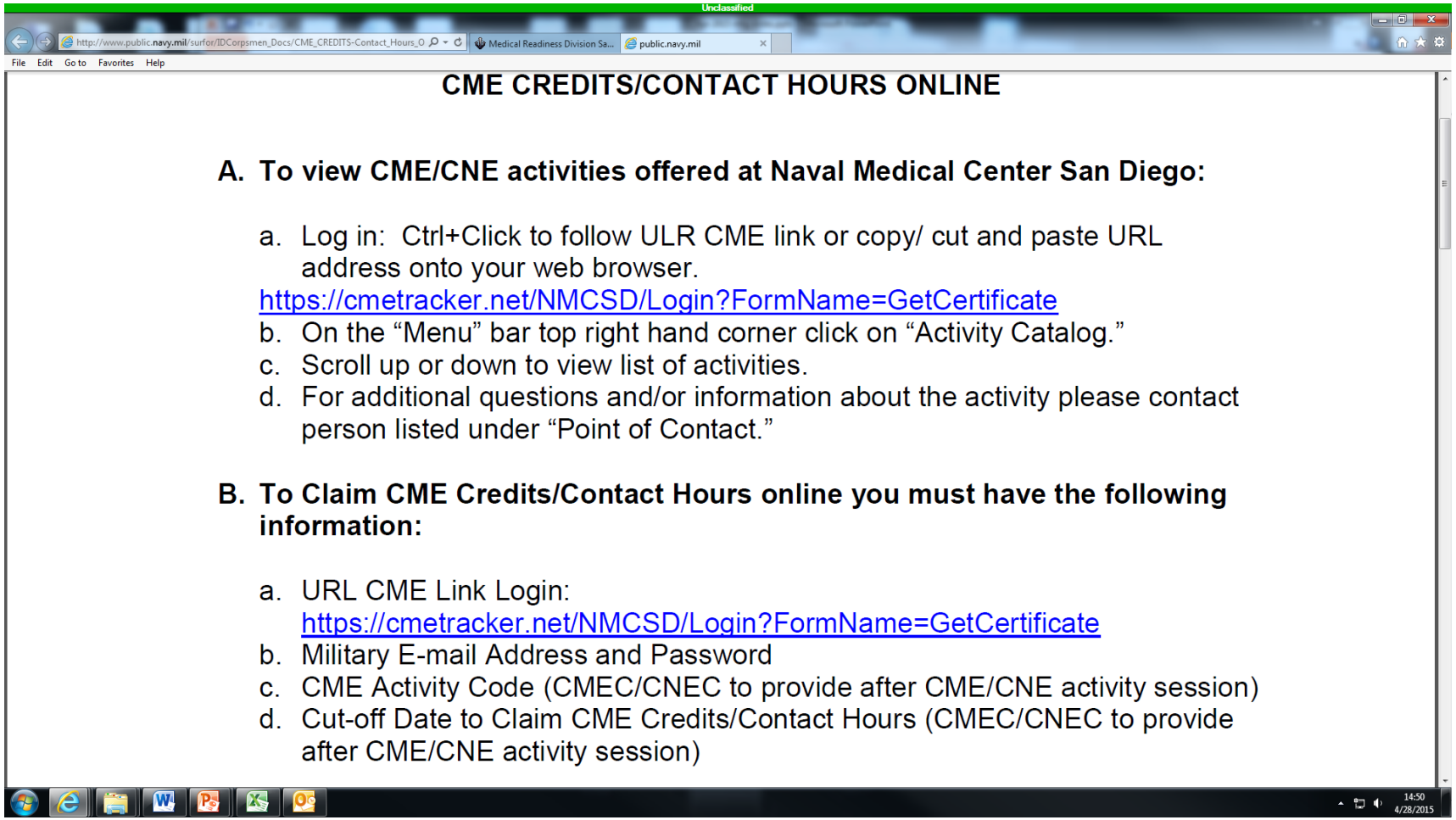
4/28/2015

CME – how to



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CME CREDITS/CONTACT HOURS ONLINE

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a. Log in: Ctrl+Click to follow ULR CME link or copy/ cut and paste URL address onto your web browser.
https://cmetracker.net/NMCSD/Login?FormName=GetCertificate
b. On the "Menu" bar top right hand corner click on "Activity Catalog."
c. Scroll up or down to view list of activities.
d. For additional questions and/or information about the activity please contact person listed under "Point of Contact."

B. To Claim CME Credits/Contact Hours online you must have the following information:

a. URL CME Link Login:
https://cmetracker.net/NMCSD/Login?FormName=GetCertificate
b. Military E-mail Address and Password
c. CME Activity Code (CMEC/CNEC to provide after CME/CNE activity session)
d. Cut-off Date to Claim CME Credits/Contact Hours (CMEC/CNEC to provide after CME/CNE activity session)

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4/28/2015

CME – how to

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THE PRIDE OF NAVY MEDICINE
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My Certificate
My Transcript
My Registrations
Activity Catalog
CME Certificate
Sign In
Welcome!
To evaluate the program and display your certificate, please follow the steps below:
1. Enter your Military Email Address: joseph.lagrew@navy.mil
2. Please select one of the following:
I already have a password, and my password is:
Forgot Password?
I am a new user (You'll create a password later)
3. Enter CME Activity Code 7755
4.
Sign In
(be sure your browser allows pop-ups)
If you would like to view or print a past certificate, please click here
*Note-Reprint of certificates valid only for certificates received after 10-1-11
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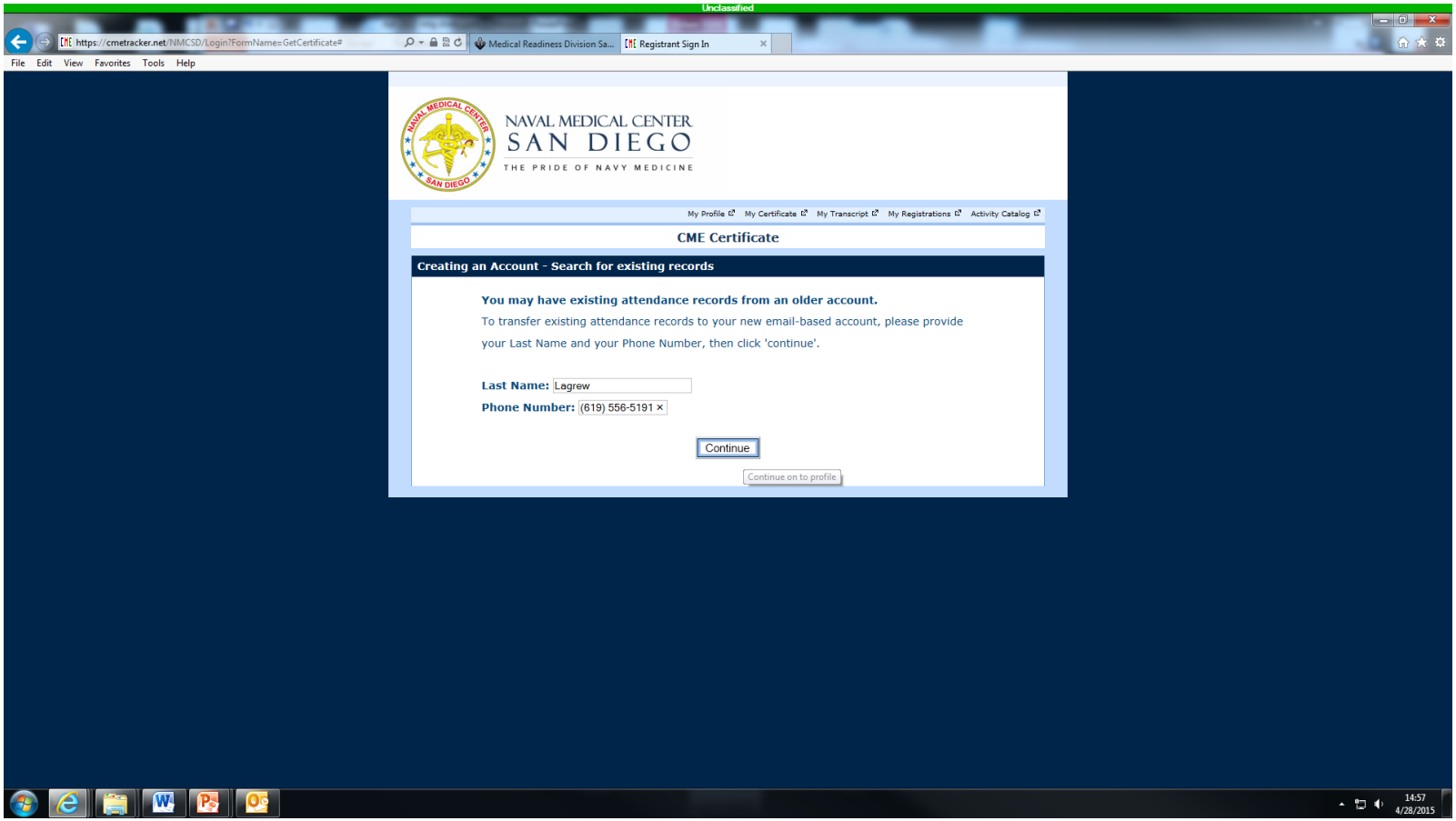
4/28/2015

CME – how to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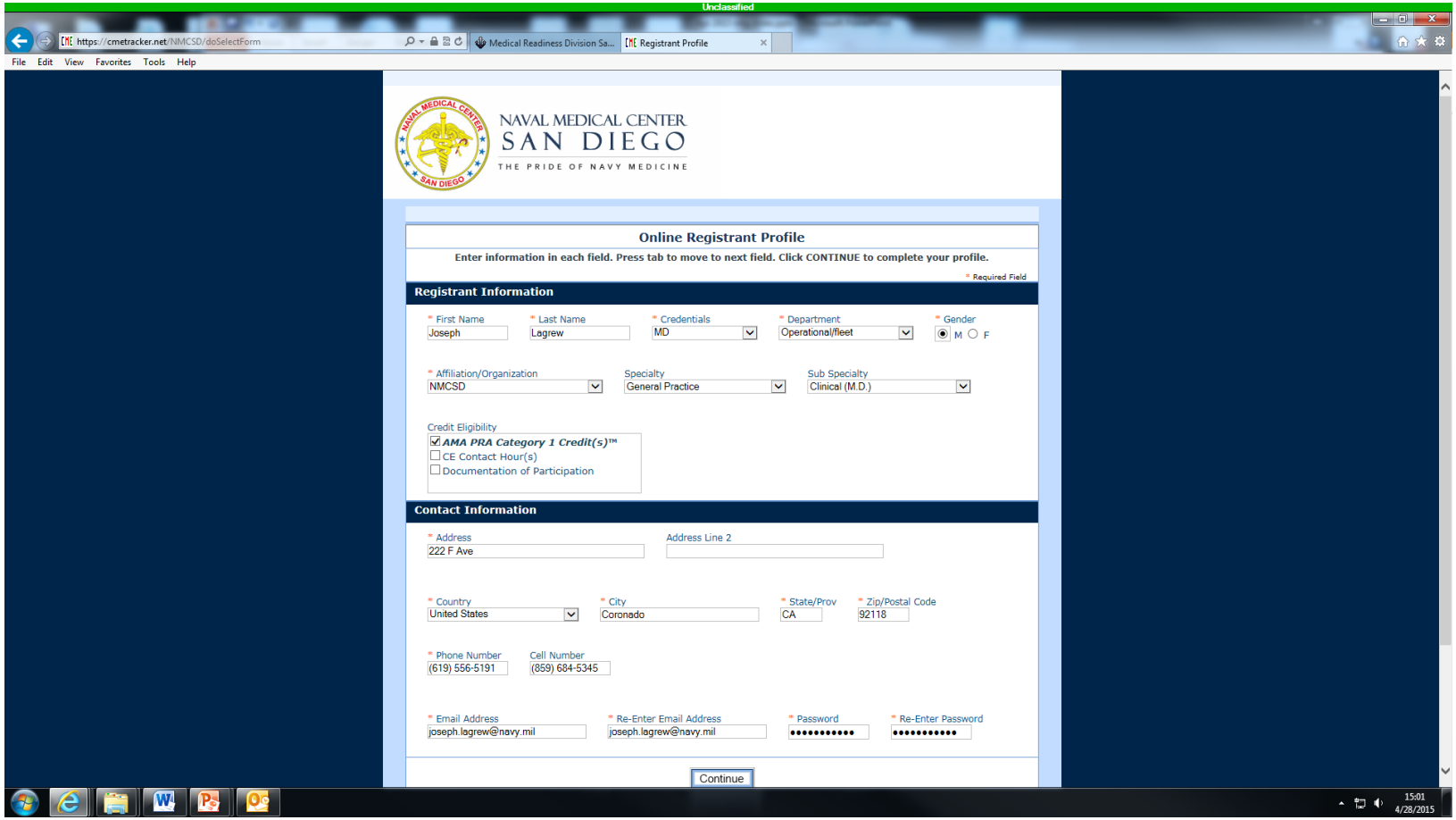
My Profile
My Certificate
My Transcript
My Registrations
Activity Catalog
CME Certificate
Creating an Account - Search for existing records
You may have existing attendance records from an older account.
To transfer existing attendance records to your new email-based account, please provide your Last Name and your Phone Number, then click 'continue'.
Last Name: Lagrew
Phone Number: (619) 556-5191
Continue
Continue on to profile
14:57
4/28/2015

CME – how to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Registrant Profile
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Online Registrant Profile
Enter information in each field. Press tab to move to next field. Click CONTINUE to complete your profile.
* Required Field
Registrant Information
* First Name Joseph
* Last Name Lagrew
* Credentials MD
* Department Operational/fleet
* Gender M F
* Affiliation/Organization NMCSD
Specialty General Practice
Sub Specialty Clinical (M.D.)
Credit Eligibility
AMA PRA Category 1 Credit(s)™
CE Contact Hour(s)
Documentation of Participation
Contact Information
* Address 222 F Ave
Address Line 2
* Country United States
* City Coronado
* State/Prov CA
* Zip/Postal Code 92118
* Phone Number (619) 556-5191
Cell Number (859) 684-5345
* Email Address joseph.lagrew@navy.mil
* Re-Enter Email Address joseph.lagrew@navy.mil
* Password
* Re-Enter Password
Continue
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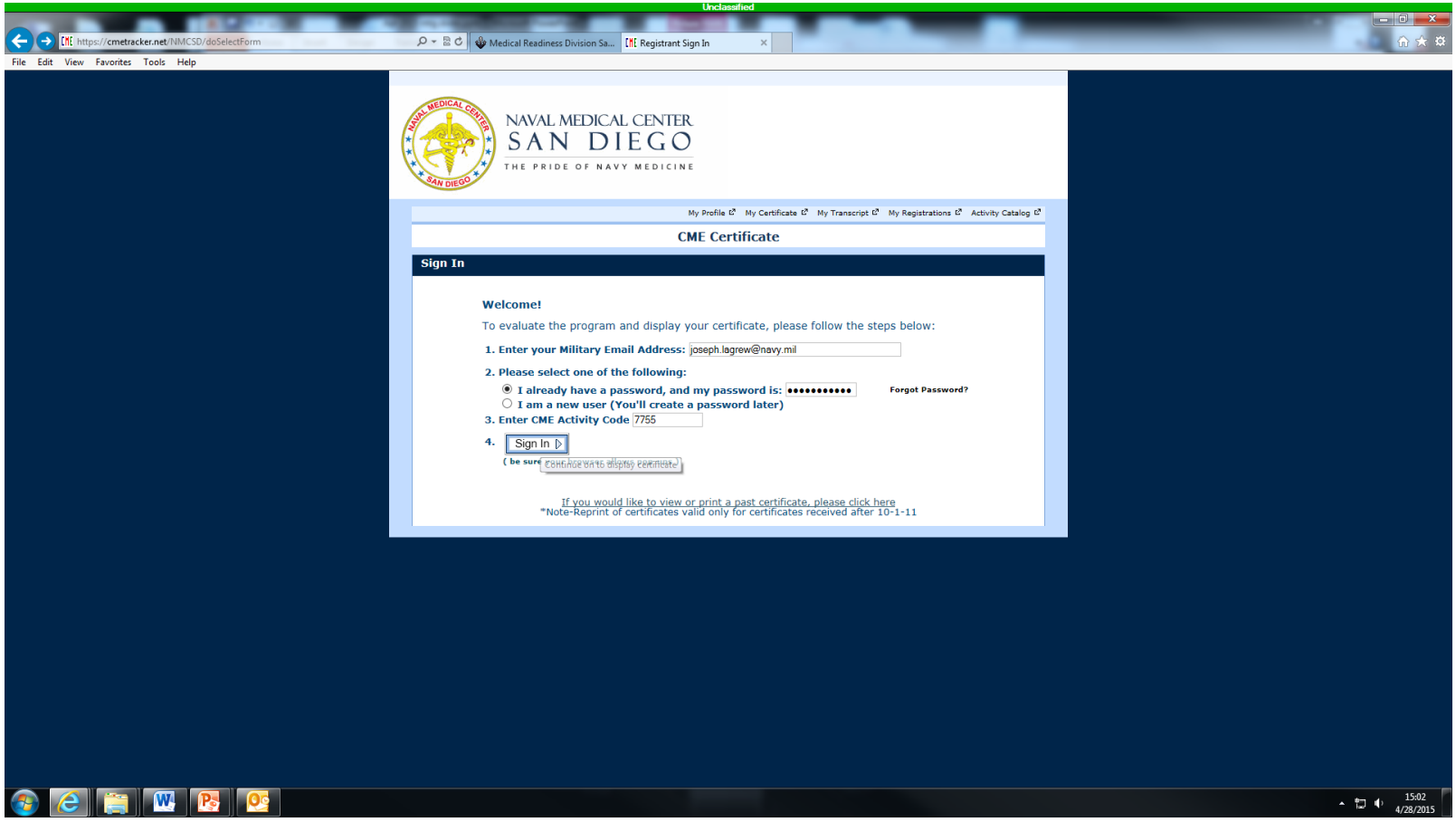
4/28/2015

CME – how to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2. Please select one of the following:
I already have a password, and my password is:
Forgot Password?
I am a new user (You'll create a password later)
3. Enter CME Activity Code 7755
4.
Sign In
If you would like to view or print a past certificate, please click here
*Note-Reprint of certificates valid only for certificates received after 10-1-11
15:02
4/28/2015

Post Tests

Please put your name on the quiz!

CME Information

- Airway Management Afloat
- CME Code (To claim credit online): 7755
- Closing Date (To claim credit online): 8 May 2015
- To complete CME
  - Log onto the MRD IDC website and click on the CME credit link

    or

  - Go to NMCSD SEAT SharePoint site (via citrix or NMCSD/BMC computer) and click on MRDSD Waterfront Meeting

http://nmcsd-as-spfe05/sites/dpe/setd/Lists/cmesurvey/Item/newifs.aspx?List=be0f840e%2D0489%2D4b5a%2Db8de%2D9c4cd1a323e5&Web=0901130e%2Dd444%2D45b8%2D8bc7%2D5b9ec10dca77